Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

inventor (if plural names	inal, first and sole inventor (if only one is are listed below) of the subject matter with the contract of the subject matter with the contract of the subject matter with the contract of the	nich is claimed and for which a	a patent is	sought on
the invention entitled PRE LIKE	SSURE FORCE COMPUTER CONTRO	LLED DRUG DELIVERY S	YSTEM A	AND THE
		the sp	ecification	of which
(check one) is attached	ed hereto. was filed on	as United State	s Applicat	ion Serial
No or Pe	CT International Application No	, and was amended	d on	
	ve reviewed and understand the contents by amendment referred to above.	of the above identified specific	cation, incl	luding the
I acknowledge the dut Federal Regulations, §1	y to disclose information which is mater 56.	ial to patentability as defined i	in Title 37	, Code of
application(s) for patent (n priority benefits under Title 35, Un or inventor's certificate listed below and ertificate having a filing date before that	have also identified below any	foreign ar	pplication
Prior Foreign Application	n(s)		Priority	claimed
## ###				
(Number)	(Country)	Day/month/year filed	Yes	No
		a		
(Number)	(Country)	Day/month/year filed	Yes	No
I hereby claim the beaupplication(s) listed below	nefit under Title 35, United States Co	ode, § 119(e) of any United	States pr	rovisional
60/081388 (Application No.)		April 10, 1998 (Filing Date)		
I hereby claim the benef and, insofar as the subject application in the manner duty to disclose informat	It under Title 35, United States Code, §1 matter of each of the claims of this app provided by the first paragraph of Title ion which is material to patentability as ween the filing date of the prior application.	20 of any United States application is not disclosed in the 35, United States Code, §112, defined in Title 37, Code of F	prior Únit , I acknow ederal Res	ted States red States red get the gulations,
(Application No)	(Filing date)	(Status patente	ed, pending,	abandoned)
(Application No.)	(Filing date)	(Status patente	ed, pending,	abandoned)
And I hereby appoint	George Gottlieb (Reg.No. 22,035) Michael I. Rackman (Reg.No. 20,639) James Reisman (Reg.No. 22,007) Barry A. Cooper (Reg.No. 25,204) David S. Kashman (Reg.No. 28,725) Allen I. Rubenstein (Reg.No. 27,673)	Norbert P. Holler (F Tiberiu Weisz (Reg. No. 2 Maria A. Savio (Reg. No.	No. 33,70 Reg.No. 29,876)	0)

whose address is c/o Gottlieb, Rackman & Reisman, P.C., 270 Madison Avenue, New York NY 10016 (telephone (212) 684-3900), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Direct all correspondence and telephone calls to ___TIBERIU WEISZ at the address and telephone number shown above I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon Full name of sole or first inventor MARK HOCHMAN Inventor's Signature Date Residence Citizenship Post Office Address Full name of second joint inventor, CLAUDIA HOCHMAN Inventor's Signature Date Residence Citizenship Post Office Address Full name of third joint inventor, ANGELO ASCIONE Inventor's Signature Date Residence Citizenship Post Office Address Full name of fourth inventor, LAWRENCE BROWN Inventor's Signature Date Cut : eve-Residence 357 STAPES BRICK KO, ENOLA Citizenship 25 Post Office Address FLOCA PA Full name of fifth joint inventor, HARDIE JOHNSON Inventor's Signature Date 12/14/98 Residence 17025

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MICHELLE LOCKWOOD

Date

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W kelyele

934 Tlerman

United States

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Full name of six joint inventor,

ENOLA

Milestone decl

Residence

Citizenship

Citizenship

Post Office Address

Inventor's Signature

Post Office Address

Se address is c/o Gottlieb, Rack 1 & Reisman, P.C., 270 Madison Aven New York NY 10016 (telephone 212) 684-3900), jointly and severall, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence and telephone calls to. <u>TIBERIU WEISZ</u> at the address and telephone number shown above. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon Full name of sole or first inventor MARK HOCHMAN Inventor's Signature Month of Horbinson 26 Meadow Woods Road. Residence Lake Success. Citizenship Lake Success, NY Post Office Address Full name of second joint inventor, CLAUDIA HOCHMAN Inventor's Signature Date Residence 26 Meadow Woods Road, Citizenship Success, NY Post Office Address Full name of third joint inventor, ANGELO ASCIONE Date Inventor's Signature Residence Citizenship Post Office Address Full name of fourth joint inventor, LAWRENCE BROWN Inventor's Signature Date Residence Citizenship nPost Office Address Full name of fifth joint inventor, HARDIE JOHNSON Inventor's Signature Date Residence Citizenship Post Office Address Full name of six joint inventor, MICHELLE LOCKWOOD Date Inventor's Signature Residence Citizenship

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Post Office Address

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Direct all correspondence and telephone calls to <u>TIBERIU WEISZ</u> at the address and telephone number shown above

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Full name of sole or first inventor MARK HOCHMAN Inventor's Signature	Date				
Residence					
Citizenship					
Post Office Address					
Full name of second joint inventor, CLAUDIA HOCHMAN					
Inventor's Signature	Date				
Residence					
-Citizenshin					
Post Office Address					
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Tell name of third joint inventor A VCELO ASCIONE					
nventor's Signature	Date 1971 1-45				
Residence Di * Italia 1:10 - Italia 1:10	7.5% Date /2/13/13				
Citizenship					
Full name of third joint inventor, ANGELO ASCIONE Inventor's Signature Residence Citizenship Post Office Address					
Full name of fourth joint inventor, LAWRENCE BROWN					
Inventor's Signature	Date				
*Residence					
Citizenship Post Office Address					
m 2					
Full name of fifth joint inventor, HARDIE JOH Inventor's Signature	MSON				
Inventor's Signature	Date				
Residence					
Citizenship					
Post Office Address					
Full name of six joint inventor, MICHELLE L					
Inventor's Signature Residence	Date				
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